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CONFIRMATION NO. 2384

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/028,008 | FILING DATE<br>12/21/2001<br><br>RULE | CLASS<br>348 | GROUP ART UNIT<br>2612 | ATTORNEY DOCKET NO.<br>021971.0163 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS  
 Jon W. Hamilton, Johnson City, TX; *NDHH*

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/257,918 12/21/2000 *NDHH*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None NDHH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/29/2002

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>NDHH</i> | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>19 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---------------------------|-------------------------|-----------------------|----------------------------|

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TITLE  
 Method and system for trusted digital camera *NDHH*

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>848 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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